

# Illinois Insurance

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## Producer licensing records now on Internet

—by Ron Hartsock, Assistant Deputy Director, Producer Section

Beginning April 17, 2000, the Department of Insurance added another helpful feature to the insurance "Producer Information" page on our Internet site. The new feature, a current listing of individual producers' licensing records, is one that has been requested by many people in all segments of the insurance community.

To access the records go to <http://www.state.il.us/ins/produceinfo.htm> and click on "Producer Licensing Record." The record can be accessed by name or, if known, by the licensing number.

The first screen explains how to get started and what to enter to get to the licensing record. Users primarily use two screen PF symbols—PF10 which leads to an index of names or PF11 which leads to a licensing record. Be sure to use the **screen PF symbols** rather than the keyboard PF keys.

If you wish to access additional names, you can type the name or number in the designated area on the producer record you are currently viewing. You can then use the PF10 symbol to access a new name index or PF11 to go to a new producer record.

Key information provided in each record includes:

1. Name and address;
2. Regulatory action taken—if any—and the effective date of the action;
3. Registered firm affiliation—if any;
4. Lines of authority (examinations passed);
5. Unused continuing education (CE) hours on file with the Department;
6. Current licensing status—including the effective and expiration dates of the current license;
7. CE courses reported to the Department by providers during the past 3 years.

The Department of Insurance encourages consumers, producers, insurers and other interested parties to use this valuable information tool. The record you view is a current snapshot of the licensing record but is not intended to provide a complete licensing history of the selected producer. ♦

## AHCP liquidation becomes final

After months of protracted litigation, American Health Care Providers withdrew its opposition to Director Nat Shapo's petition for liquidation. The Circuit Court of Cook County issued a final Order of Liquidation with a finding of insolvency against the Richton Park, Illinois, HMO on May 11, 2000.

Subject to statutory limitations, the Illinois HMO Guaranty Association will be responsible for the covered claims of all Illinois enrollees, up to \$300,000 per person. The Association and the Liquidator are cooperating in an effort to ensure that services to enrollees are provided in accordance with the Association's powers and duties. "My immediate interest with the entry of the liquidation order is to work with the Illinois HMO Guaranty Association to see that all of Ameri-

can's enrollees receive continuing and appropriate medical coverage," Shapo said.

AHCP provided coverage in Northern and Central Illinois to commercial groups, state and federal employees, Illinois Department of Public Aid enrollees, and federal Medicare HMO enrollees. The HMO also wrote some business in Indiana and Arkansas. Enrollees in those states are not covered by a guaranty association. At December 31, 1999, AHCP reported approximately 90,000 enrollees.

The liquidation proceedings are being handled on behalf of the Director of Insurance by the Office of the Special Deputy Receiver, 222 Merchandise Mart Plaza, Suite 1450, Chicago, Illinois 60654; (312) 836-9500. ♦

## Coordination of benefits clarified

Complaints from consumers confirm insurance companies are having difficulty in properly coordinating benefits as required by Illinois law 215 ILCS 5/367(11)(a) and regulation 50 Illinois Administrative Code 2009 which are patterned after the NAIC Model Regulation.

The COB law states, "No group hospital, medical or surgical expense policy shall contain any provision whereby benefits otherwise payable thereunder are subject to reduction solely on account of the existence of similar benefits provided under other group or group-type accident and sickness insurance policies where such reduction would operate to reduce total benefits payable under these policies below an amount equal to 100% of total allowable expenses provided under these policies."

Part 2009.20 of the COB regulation defines allowable expense as "the necessary, reasonable and customary item of expense for health care when the item of expense is covered **at least in part under any of the plans involved**. Necessary, reasonable, and customary item of expense for health care shall be defined in the policy." The NAIC Model Regulation specifically includes deductibles, coinsurance and

copayments in the definition of "allowable expense."

The COB rule states that the following items are not required to be considered "allowable expenses":

- The extra cost of a private hospital room versus a semi-private room, unless medically necessary according to the insured's physician;

- Dental care, vision care, prescription drug or hearing aid programs;

- The amount of a benefit reduction under the primary plan because a covered person does not comply with plan provisions, such as second surgical opinions, pre-certification of admissions or services, or preferred provider arrangements. **Note, this is not true when the primary plan is an HMO.**

Additionally, since allowable expense is defined as "... an expense covered at least in part under any of the plans involved . . .," the following guidelines apply:

- When a covered person is covered by two or more plans which determine benefits on the basis of

usual and customary fees, any fee in excess of the highest usual and customary amount is not an allowable expense;

- When a covered person is covered by two or more plans which determine benefits on the basis of negotiated fees, any fee in excess of the highest negotiated fee is not an allowable expense;

- When a covered person is covered by a plan(s) that determines benefits on the basis of usual and customary fees and another plan(s) that determines benefits on the basis of negotiated fees, the primary plan's method shall be the allowable expense for all plans.

The purpose of coordination of benefits is to ensure that a covered person does not receive more than 100% of the total allowable expenses. According to Part 2009.50 of the COB rule, a plan paying as secondary carrier may reduce its benefits so that the total benefits paid or provided by all plans during a claim determination period (a period of time not less than 12 months, usually a calendar year or contract year) are not more than the total allowable expenses. The secondary carrier usually saves money on claims due to other insurance paying first. The amount saved by the secondary carrier must be used to pay allowable expenses which would not have otherwise been paid. To do this, most plans establish a benefit reserve account or savings bank for the covered person. The secondary carrier puts the money saved on claims for that covered person into the benefit reserve account or savings bank. This money can be used to pay any portion of an allowable expense incurred by the covered person.

We are seeing complaints where secondary carriers are not calculating their liability so that the total benefits paid by all carriers totals 100% of allowable expenses. In some instances, the secondary carrier is requiring the covered person to pay applicable deductibles, coinsurance and copayments even when the available benefit would allow the claim to be paid at 100%.

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### Illinois Insurance

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Director of Insurance ..... Nathaniel S. Shapo  
 Assistant Director ..... Madelynne L. Brown  
 Editor ..... Nan Nases  
 Graphics ..... Shelley McQuern

When **calculating** benefits as secondary carrier, the plan may apply deductibles and copayments; however, when **paying** the claim, those amounts should be paid to the extent savings are available.

Another problem area is the secondary plan's failure to review previous claims incurred by the covered person in the contract year once savings are realized in the covered person's benefit reserve account or savings bank. Part 2009.50 states that as each claim is submitted, the secondary carrier determines its obligation to pay for allowable expenses based on **all claims** which were submitted up to that point in time during the claim determination period. This includes claims which were previously applied to either plan's deductible, coinsurance or copayment. For example, if the first claim incurred by a covered person was applied to both companies' deductibles and the second claim incurred by that covered person was payable at 100% by both companies, the secondary plan should use the savings realized from the second claim to pay toward the first claim.

In the various claim examples that follow, Plan A is primary and Plan B is secondary. Both plans are 80%/20% coinsurance. For illustrative purposes, Plan A has a \$25 deductible and Plan B has a \$100 deductible. Claims are assumed to have occurred in the same claim determination period and in consecutive order.

### Claim #1

Actual Charge = \$100

Plan A	Plan B
\$100	\$100
<u>-25 Deductible</u>	<u>-100 Deductible</u>
\$ 75	00 Payable
<u>80%</u>	
\$ 60 Payable	

Plan A must pay \$60. Plan B makes no payment because it would have no liability under the terms of the policy if it had been primary. No money is available from the benefit reserve account or savings bank.

### Claim #2

Actual Charge = \$5300

Plan A	Plan B
\$5300	\$5300
<u>- 0 Deductible</u>	<u>- 0 Deductible</u>
\$5300	\$5300
<u>80%</u>	<u>80%</u>
\$4240 Payable	\$4240 Payable

The deductibles on both plans were calculated in claim #1. Deductibles will not apply from this claim forward. Plan A must pay \$4240. Plan B must pay the difference between the actual charge and the amount paid by Plan A (\$1060). Plan B must now establish a benefit reserve account or savings bank. This amount is calculated by subtracting the amount it paid from the amount it would have paid if primary (\$4240 - \$1060 = \$3180). Now Plan B must go back to Claim #1 and pay the \$40 balance of the claim out of the benefit reserve account or savings bank, leaving a balance of \$3140.

### Claim #3

Actual Charge = \$110

Plan A	Plan B
\$110	\$110
<u>80%</u>	<u>80%</u>
\$ 88 Payable	\$ 88 Payable

Plan A pays \$88. Plan B pays the difference of the actual charge and the amount paid by Plan A (\$22). Plan B would have paid \$88 if primary, but only paid \$22, so the balance of \$66 goes into the benefit reserve account or savings bank, which now totals \$3206.

### Claim #4

Actual Charge = \$1500

Plan A	Plan B
\$1300 U&C	\$1100 U&C
<u>80%</u>	<u>80%</u>
\$1040 Payable	\$ 880 Payable

The insured is liable for the difference between the actual charge and the highest usual and customary (U&C) amount (\$200). Plan A pays \$1040. Plan B pays the difference between the highest U&C amount and the amount paid by Plan A (\$1300 -

\$1040 = \$260). The benefit reserve account or savings bank is increased by the difference between what Plan B would have paid if primary and the amount actually paid (\$880 - \$260 = \$620), for a new balance of \$3826.

### Claim #5

Actual Charge = \$2295 for 51 visits

This claim involves spinal manipulation. Plan A provides up to 26 visits per year on an 80%/20% basis. The total actual charge of \$45 per visit is within U&C limits.

#### Plan A

\$1170 U&C for 26 visits  
80%  
 \$ 936 Payable

Plan B has no coverage for spinal manipulation. However, since Plan A has coverage under its policy, the claim is considered an allowable expense. Plan B must pay the 20% coinsurance (\$234) amount for the first 26 visits plus 100% of the charges for the additional 25 visits (\$1125) from the benefit reserve account or savings bank, leaving a final balance of \$2467.

When an HMO is the primary plan and the covered person does not utilize HMO providers, resulting in denial of the claim by the HMO, the secondary plan must pay the claim as if it is the primary plan. When an HMO is the secondary plan and the covered person does not utilize HMO providers, the HMO must pay as secondary to the extent there are savings in the benefit reserve account [50 Ill. Adm. Code 5421.110(t)(3)].

Additional information may be obtained from:

Ron Hoffman  
 Consumer Services Section  
 (217) 785-0421  
 ron\_hoffman@ins.state.il.us. ♦

L/A&H Transmittals**Illinois electronic submission**

The Department of Insurance has received quite a few inquiries regarding recent changes to the filing requirement regulation, 50 Illinois Administrative Code Part 916. To prepare for the January 2001 implementation of electronic submission of the **General Transmittal, Replacement/Withdrawal Transmittal, Certificate of Assumption Transmittal and Informational Transmittal**, in early July the Department will mail software to all companies licensed to write life/accident and health business in Illinois. With this software, companies will be able to create the transmittals required for policy form submissions. Companies should save the transmittals to a diskette and mail it to the Department with the cover letter and actual policy forms being submitted for approval.

This process is only for **transmittals**, not policy forms. The paper copies of the cover letters and policy forms will remain the same.

Some of the common errors that the Department currently receives daily on our transmittals include:

**“No Transmittal Provided”:** In some cases companies filing for approval of forms do not include the required transmittal. The Department will return these filings and request the appropriate transmittal.

**“Company Filing Numbers”:** A company filing number is required on each of the transmittals submitted. These numbers can be up to fifteen (15) characters only. Filing numbers are assigned by the companies submitting the filing, not by the Department. A company filing number can only be used once. If a number is used on a subsequent submission, the Department will consider it a duplicate and return the filing.

**“Company Form Numbers”:** Form numbers submitted for approval are listed on the Department’s General Transmittal. The number can be up to thirty (30) characters only. The number listed on the transmittal must match exactly the form number submitted for approval.

**“Optional Endorsement Riders” (OER):** Such riders are not required by Illinois regulation or

statute. They can be attached to various policies at the applicant’s/insured’s or insurer’s option. Such riders must be listed on the General Transmittal in Section Nine (9), New Policy Forms. This type of rider does not require an association record. OER forms shall not be made up of matrix insert pages.

**“Required Endorsement Riders” (RER):** These endorsements incorporate a mandatory contract provision which is required by regulation or statute. RER forms **must** be attached to a policy form either as a condition of approval or to incorporate new contract provisions. RER forms shall not be made up of matrix insert pages. Such endorsements **must** be listed in Section Ten (10) and show the associated policy form information in Section Eleven (11) of the General Transmittal when submitted separately. Section Eleven (11) requires previously approved filing and form numbers of the policy form(s).

**“Matrix Insert Pages” (MIP):** These policy forms should be submitted for review with consideration given to each provision or individual page. An MIP form shall be identified with its own unique form number located in the lower left hand corner of the document. Each MIP must be associated to a policy or certificate. When submitting a policy and certificate form with MIP forms, the policy form must be filed separately from the certificate form. Our database will associate the MIP forms to the policy/certificate form automatically. When policy and certificate are submitted together, our database will associate the policy MIP forms to the certificate form and in turn associate the certificate MIP forms to the policy form. In most cases this is incorrect. MIPs **must** be listed in Section Ten (10) and show the associated policy form information in Section Eleven (11) of the General Transmittal when submitted separately. Section Eleven (11) requires previously approved filing and form numbers of the policy/certificate form(s). **NOTE: Matrix Insert Pages cannot be used or added to**

**a previously approved policy/certificate form if those forms were not originally approved on a matrix page basis.**

**“Schedule Pages” (SCP):** These forms incorporate or change the benefits or services covered by the policy and/or certificate or change the maximums, deductibles, coinsurance or copays of the policy or certificate to which they are attached. When a multiple of different schedule pages are submitted for use with a single policy or certificate, each schedule page shall be identified with a unique form number. SCPs **must** be listed in Section Ten (10) and show the associated policy form information in Section Eleven (11) of the General Transmittal when submitted separately. Section Eleven (11) requires previously approved filing and form numbers of the policy form(s).

Future issues of *Illinois Insurance* will include helpful hints for easier completion of form filing submissions. Questions should be directed to:

Gary Brooks  
PEDS Coordinator  
(217)785-6441  
gary\_brooks@ins.state.il.us♦

## Staff announcements

Belated best wishes to **Bob Flaws** who retired as Chief Examiner of our Property/Casualty Financial Examination Section on February 29 after 35 years of service to the Illinois Department. Bob joined the agency as a field examiner in 1965 and served in a supervisory capacity from 1979 until his appointment as Chief Examiner in 1985.

**Steve Kalber** was named Property/Casualty Chief Examiner on March 16. Steve has been a member of our financial examination staff since 1970 and had served as Assistant Chief Examiner since 1989. ♦

## Revised insurance accounting manual effective January 1, 2001

One goal of the 1991 Solvency Agenda of the National Association of Insurance Commissioners (NAIC) was an "evaluation of existing statutory accounting principals . . . for purposes of further development, expansion, and codification." This evaluation was commonly referred to as the NAIC's Codification Project. Illinois committed considerable staff resources to this codification project.

As a result of recent Illinois legislation (PA 91-549) and Department rulemaking (Rule 945), the final work product of the codification project will be implemented in Illinois effective January 1, 2001. For financial reporting periods starting on or after January 1, 2001, the NAIC's Accounting Practices and Procedures Manual, Version 1999, as amended from time to time, is the reporting standard for statutory financial statements filed with the Illinois Department of Insurance. **Beginning with the March 31, 2001 quarterly statement and all subsequent statements**, each insurer doing business in the state must follow these revised accounting practices and procedures when preparing the statutory basis financial statements.

Because statutory financial statements will be measured against these new standards for compliance, all insurers should allow ample time to prepare for the changes the new standards may necessitate in their financial reporting systems and financial statements. For example, companies may need to collect data that hasn't previously been captured for financial reporting, and they will need to measure or report some items differently. The new accounting changes may also impact statutory basis earnings from one accounting period to the next.

Most surveys that were reviewed by the Department suggest that many companies will experience surplus reductions. **It is therefore critical** that company financial reporting staffs begin evaluating the impact of the new standards so as to allow sufficient time to react to any changed surplus levels or asset allocations.

Questions about the new standards should be directed to one of the following unit supervisors:

Jeff Martin  
HMO Unit  
(217) 782-1798

Sara Ross  
Life and Health Unit  
(217) 782-9760

Jackie Parker  
Property and Casualty Unit  
(217) 524-2262

Tom Ratsch  
Regulatory Action Unit  
(217) 782-5202. ♦

## Company action

### Market Conduct Fines

The following entities were issued Stipulation and Consent Orders and fined for Insurance Code violations and/or improper claims practices cited in their Illinois market conduct examinations:

Celtic Life Insurance Company,  
IL, 4/21/00; \$5,000  
Group Health Plan, Inc., MO,  
5/2/00; \$10,000

### Terminations

LMI Insurance Company, OH,  
was placed in rehabilitation by the  
Court of Common Pleas, Franklin  
County, OH, on 3/20/00

American Health Care Providers,  
IL, was placed in liquidation with a  
finding of insolvency by the Circuit  
Court of Cook County on 5/11/00 ♦

## Department rules review

The full text of Department rules is printed in the *Illinois Register* published weekly by the Illinois Secretary of State's Index Department, 111 E. Monroe St., Springfield, IL 62756. Subscriptions are available from that source for an annual fee of \$290. Issue numbers and a Department contact person are listed below after each rule summary.

Copies of rules are also available upon written request to the Department of Insurance at a \$1 per page charge. Adopted rules are codified in Title 50 of the Illinois Administrative Code.

**Rule 4404** (Portability of Creditable Service Time for Downstate and Suburban Police Pension Funds) was amended effective April 26, 2000. The rule concerns the portability of creditable service earned by a police officer in a prior pension fund transferred to the current pension fund pursuant to Sections 3-110 and 110.7 of the Illinois Pension Code and the amount of monies transferred from the prior pension fund to the current pension fund. (Vol. 24, #20; Chuck Feinen)

**Rule 202** (Mortgage Guaranty Insurance) was amended on an emergency basis to allow purchasers of real estate to obtain mortgage insurance for 100% of the real estate's value. The current definition of "authorized real estate security" prohibits mortgage insurers from offering insurance up to 100% of the value of the real estate.

The emergency rule is effective for 150 days beginning May 3, 2000. Proposed amendments were initiated simultaneously. (Vol. 24, #24; Chuck Feinen) ♦

## Producer regulatory action

(Copies of regulatory orders are available upon written request to the Producer Regulatory Unit, for \$1/page. The number of pages are indicated in parentheses following the effective date.)

### Stipulation and Consent Order—Civil Forfeiture Paid

Associated UND of America Agency,  
Inc.  
One Continental Towers  
1701 Golf Road, Ste. 1112  
Rolling Meadows, IL 60008  
Effective 03/31/00 (3)

Michael J. Campobasso  
4701 West Bernice  
Chicago, IL 60641  
Effective 03/02/00 (3)

Jord Christian Hauge  
5803 East Hillside Road  
Crystal Lake, IL 60012  
Effective 03/31/00 (3)

Holman Financial Group LTD, The  
4036 Lake View Drive  
Country Club Hills, IL 60478  
Effective 02/18/00 (4)

Guy A. Holman  
4036 Lakeview Drive  
Country Club Hills, IL 60478  
Effective 02/18/00 (4)

Industrial Insurance Agency  
1632 Colonial Parkway  
Inverness, IL 60067  
Effective 04/21/00 (4)

Risel Maldonado  
7109 Colorado Avenue  
Hammond, IN 46323  
Effective 03/31/00 (3)

Rodney E. Melvin, Jr.  
366 Plymouth  
Palatine, IL 60067  
Effective 04/21/00 (4)

Mepco Insurance Premium Finance,  
Inc.  
230 West Monroe, Ste. 826  
Chicago, IL 60606  
Effective 03/21/00 (3)

Charlotte K. Morris  
119 East Washington  
Mokena, IL 60954  
Effective 02/23/00 (4)

Rollie D. Penrose  
2707 Hubbard  
Hannibal, MO 63401  
Effective 03/20/00 (3)

Emil Edward Pfenninger  
15055 Cascade Drive  
Elm Grove, WI 53122  
Effective 03/07/00 (3)

Robert H. Prill  
1701 Golf Road, #1112  
Rolling Meadows, IL 60008  
Effective 03/31/00 (3)

Edmond H. Randle  
2255 Tyler Road  
Birmingham, AL 35226  
Effective 04/27/00 (3)

United Heartland Illinois Inc.  
9801 West Higgins Road  
Rosemont, IL 60118  
Effective 03/07/00 (3)

Eula Yates  
7246 South Fairfield  
Chicago, IL 60629  
Effective 03/21/00 (4)

### Order of Suspension

Roy A. Alford  
9215 South Hoyne  
Chicago, IL 60620  
Effective 03/08/00 (8)

Phillip James Campbell  
3013 South Wolf Road, #292  
Westchester, IL 60154  
Effective 03/08/00 (8)

William Bilal Fadee Khaliq III  
9141 South Ashland  
Chicago, IL 60620  
Effective 03/03/00 (2)

### Revocation of Licensing Authority

Rodney Lee Gulsvig  
2441 54th Street  
Moline, IL 61265  
Effective 04/25/00 (7)

Robert C. Johnson  
17626 Stonebridge Drive  
Hazel Crest, IL 60429  
Effective 02/18/00 (2)

Thomas R. Koonce  
115 Heritage  
Delavan, IL 61734  
Effective 04/06/00 (16)

### Voluntary Revocation

Matteo Cacucciolo  
9639 West Pacific, Apt. 2 South  
Franklin Park, IL 60131  
Effective 04/21/00 (1)

Debbie Marshall  
12423 South Carpenter  
Calumet Park, IL 60827  
Effective 03/10/00 (1)

Kevin D. Snider  
1535 West Jackson  
Chicago, IL 60607  
Effective 04/21/00 (1)

### Stipulation and Consent Order—No Civil Forfeiture

James Agnew, Jr.  
1484 Stone Bridge Circle, 4B  
Wheaton, IL 60187  
Effective 04/13/00 (3)

Robert E. Bradley  
1715 West Dewey Street  
Marion, IL 62959  
Effective 03/31/00 (3)

Robert G. Novick  
13909 Doral Lane  
Lockport, IL 60441  
Effective 04/13/00 (3)

### Denial of Request for License

Tinh X. Luu  
936 West Agatite Apt. 2F  
Chicago IL 60640  
Effective 04/06/00 (2)

George E. Miller  
12423 South Carpenter  
Calumet Park, IL 60827  
Effective 03/10/00 (3)

Steven G. Syler  
3038 144th Avenue  
Sherrard, IL 61281  
Effective 03/10/00 (2)

Kevin Daniel Torzewski  
7440 Pendleton Pike  
Indianapolis, IN 46226  
Effective 03/03/00 (2)♦

## Hearings

### Scheduled Hearings:

American Unified Life & Health  
Insurance Company  
6/6/00 Hearing No. 3767  
Cease and Desist

Robert N. Sudol  
6/13/00 Hearing No. 3787  
Revocation of Licensing Authority

Danny & Deborah Houston  
American Family Mutual  
Insurance Company  
6/15/00 Hearing No. 3786  
Nonrenewal

W. J. Foster & Company, Inc.  
Thomas Foster  
Thomas Foster, Jr.  
6/21/00 Hearing No. 3788  
Revocation of Licensing Authority

Edwin J. Baker  
6/19/00 Hearing No. 3784  
Suspension of Licensing Authority

William L. Schaer  
6/28/00 Hearing No. 3780  
Denial for Request for License

### Completed Hearings:

James Charles  
Hearing No. 3758  
Licensing Authority Revoked 5/5/00

Rodney Lee Gulsvig  
Hearing No. 3762  
Licensing Authority Revoked  
4/25/00

Thomas R. Koonce  
Hearing No. 3744  
Licensing Authority Revoked 4/6/00

Loretta Kosik  
Economy Fire & Casualty Company  
Hearing No. 3778  
Cancellation Effective 4/28/00

Louis Kostow  
Country Mutual Insurance Co.  
Hearing No. 3777  
Cancellation Effective 5/5/00

### Matters Settled without Hearing:

Michael Korich  
Constitutional Casualty Company  
Hearing No. 3774  
Dismissed 4/13/00

Peoria Area Chamber of Commerce  
Trust  
Hearing No. 3771  
Stipulation and Consent Order  
5/12/00 ♦

## Exam reports filed

### Financial

American Franklin Life  
Insurance Company  
03/22/00  
Association of Trial Lawyers  
04/14/00  
Benchmark Health Insurance Co.  
05/02/00  
Fort Dearborn Life Insurance Co.  
04/21/00  
Franklin Life Insurance Company  
03/22/00  
Hamel Mutual Insurance Company  
04/06/00  
Horse Prairie Mutual  
Insurance Company  
04/06/00  
Humana Health Plan, Inc.  
05/02/00  
Insurance Corporation of Hanover  
04/24/00

Jerseyville Mutual Insurance Co.  
04/18/00  
Kingston Mutual Insurance Co.  
04/18/00  
Merit Health Insurance Company  
05/02/00  
Pinckneyville Mutual  
Insurance Company  
04/17/00  
Professional Life & Casualty Co.  
04/05/00  
Rock River Insurance Company  
03/17/00  
Sentry Casualty Company,  
formerly John Deere Casualty Co.  
03/17/00  
Sentry Select Insurance Company,  
formerly John Deere Insurance Co.  
03/17/00

### Market Conduct

Celtic Life Insurance Company  
04/21/00  
The Doctors Company  
05/18/00  
First Colony Life Insurance Co.  
04/05/00  
Group Health Plan  
05/02/00  
Pekin Insurance Company  
05/18/00  
United Insurance Company of  
America  
04/05/00  
Universal Underwriters Life  
Insurance Company  
05/18/00  
Western Diversified Life  
Insurance Company  
05/18/00 ♦

## NFIP schedules more seminars

The National Flood Insurance Program has added two new dates to its Illinois seminar schedule. Illinois insurance producers can earn four hours of continuing education credits by attending either of the following sessions designed to familiarize agents with various aspects of flood insurance:

June 21, 2000  
8:00 a.m.—Noon  
Best Western Inn  
920 W. Lincoln Ave.  
Charleston, IL 61920  
(217) 348-8161

September 26, 2000  
8:00 a.m.—Noon  
Holiday Inn  
1001 W. Killarney St.  
Urbana, IL 61801  
(217) 328-7900 ♦

### Registration Form

**National Flood Insurance Program**  
(Copy this form as many times as needed)

***Please Print***

\_\_\_\_\_  
Name

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax Number

Course Date: \_\_\_\_\_

Location: \_\_\_\_\_

**To Register: Simply mail or fax a completed registration form to the National Flood Insurance Program (NFIP) at the address or fax number below:**

NFIP  
1111 East Warrenville Road, Suite 209  
Naperville, IL 60563  
(630) 577-1407  
(630) 577-1437 (FAX)

Illinois Department of Insurance  
320 West Washington Street  
Springfield, Illinois 62767

Address Service Requested

PRSRT STD  
U.S. Postage  
PAID  
Springfield, IL 62767  
Permit No. 821